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CENTRAL FAX CENTER

JUL 21 2005

PTO/SB/30
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| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL | Application Number: | 10/038,165 |
| | Filing Date: | January 2, 2002 |
| | First Named Inventor: | D.A. Burton et al. |
| | Group Art Unit: | 2164 |
| | Examiner Name: | Jacob F. Betit |
| | Atty Docket Number: | TUC920010058US1 |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000.

1. Submission required under 37 C.F.R. § 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on ____.
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____.
- Other ____

b. Enclosed

- Amendment/Reply, 24 pages
- Fee Transmittal Form
- Supplemental Information Disclosure - ____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of ____ months. (Fee of \$____ under 37 C.F.R. §1.17(i) is enclosed.)

b. Other ____

3. Fees

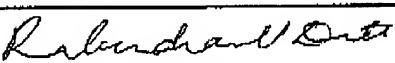
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 09-0449.

- RCE fee required under 37 C.F.R. § 1.17(e)
- Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
- Charge Any Deficiency

b. Check in the amount of \$____ is enclosed.

c. Payment by credit card (Form PTO-2038 enclosed) for extending One Month Extension of Time to Two Month Extension.

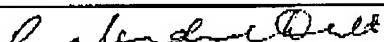
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

| | |
|---|--|
| Name (print/type) Rabindranath Dutta | Registration No. Registration No. 51,010 |
| Signature  | Date July 21, 2005 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to Jacob F. Betit of the U.S. Patent and Trademark Office at 571-273-8300 on July 21, 2005.

Name (print/type) Rabindranath Dutta

Signature  Date July 21, 2005

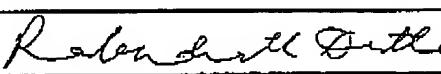
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|---|--|------------------------|---|
| FEE TRANSMITTAL | | Application Number | 10/038,165 |
| for FY 2005 | | Filing Date | January 2, 2002 RECEIVED |
| | | Inventor | D.A. Burton et al CENTRAL FAX CENTER |
| | | Group Art Unit | 2164 JUL 21 2005 |
| | | Examiner Name | Jacob F. Betit |
| Total Amount of Payment: \$ 790.00 | | Attorney Docket Number | TUC920010058US1 |

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|---|----------|---|--|---|----------|--|----------|---|----------|---|-----|----------|----------|----------------------------------|--|
| METHOD OF PAYMENT (check one) | | FEES CALCULATION (continued) | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 09-0449 <input type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment | | 3. ADDITIONAL FEES (large entity) <input type="checkbox"/> Surcharge- late filing fee or oath \$130 <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet \$50 <input type="checkbox"/> Non-English specification \$130 <input type="checkbox"/> International type search report \$40 <input type="checkbox"/> Requesting publication of SIR prior to action \$920 <input type="checkbox"/> Requesting publication of SIR after action \$1840 <input type="checkbox"/> Extension for reply- first month \$120 <input type="checkbox"/> Extension for reply- second month \$450 <input type="checkbox"/> Extension for reply- third month \$1020 <input type="checkbox"/> Extension for reply- fourth month \$1590 <input type="checkbox"/> Extension for reply- fifth month \$2160 <input type="checkbox"/> Notice of Appeal \$500 <input type="checkbox"/> Brief in Support of Appeal \$500 <input type="checkbox"/> Request for Oral Hearing \$1000 <input type="checkbox"/> Utility issue fee \$1400 <input type="checkbox"/> Petition to revive (unavoidable) \$500 <input type="checkbox"/> Petition to revive (unintentional) \$1500 <input type="checkbox"/> Petitions to the Commissioner \$130 <input type="checkbox"/> Petitions related to provisional applications \$50 <input type="checkbox"/> Submission of Information Disclosure Statement \$180 <input type="checkbox"/> Recordation of Assignment \$40 <input type="checkbox"/> Submission after final (37 CFR 1.129(a)) \$790 <input checked="" type="checkbox"/> Request for Continued Examination (RCE) \$790 <input type="checkbox"/> Other: | | | | | | | | | | | | | |
| 2. <input type="checkbox"/> Payment enclosed: <input type="checkbox"/> Ck. No. _____ for \$ _____ <input type="checkbox"/> Ck. No. _____ for \$40 <input type="checkbox"/> Credit Card Approval for _____ | | SUBTOTAL \$790.00 | | | | | | | | | | | | | |
| FEES CALCULATION <table> <tr> <td>1. <input type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011</td> <td>\$300.00</td> </tr> <tr> <td>2. <input type="checkbox"/> UTILITY SEARCH FEE</td> <td>\$500.00</td> </tr> <tr> <td>3. <input type="checkbox"/> UTILITY EXAMINATION FEE</td> <td>\$200.00</td> </tr> <tr> <td>4. <input type="checkbox"/> EXTRA CLAIMS FEES Total Claims _____ - 20* x \$50= _____ Ind. Claims _____ - 3* x \$200= _____ Multiple Dependent _____ 0 x \$360= _____</td> <td>\$0</td> </tr> <tr> <td>Subtotal</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">*(or number previously paid for)</td> </tr> </table> | | | | 1. <input type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011 | \$300.00 | 2. <input type="checkbox"/> UTILITY SEARCH FEE | \$500.00 | 3. <input type="checkbox"/> UTILITY EXAMINATION FEE | \$200.00 | 4. <input type="checkbox"/> EXTRA CLAIMS FEES Total Claims _____ - 20* x \$50= _____ Ind. Claims _____ - 3* x \$200= _____ Multiple Dependent _____ 0 x \$360= _____ | \$0 | Subtotal | \$ _____ | *(or number previously paid for) | |
| 1. <input type="checkbox"/> BASIC FILING FEE Utility Filing Fee: Large Entity Fee Code 1011 | \$300.00 | | | | | | | | | | | | | | |
| 2. <input type="checkbox"/> UTILITY SEARCH FEE | \$500.00 | | | | | | | | | | | | | | |
| 3. <input type="checkbox"/> UTILITY EXAMINATION FEE | \$200.00 | | | | | | | | | | | | | | |
| 4. <input type="checkbox"/> EXTRA CLAIMS FEES Total Claims _____ - 20* x \$50= _____ Ind. Claims _____ - 3* x \$200= _____ Multiple Dependent _____ 0 x \$360= _____ | \$0 | | | | | | | | | | | | | | |
| Subtotal | \$ _____ | | | | | | | | | | | | | | |
| *(or number previously paid for) | | | | | | | | | | | | | | | |

Submitted by:

| | | |
|--------------------------|---|-----------------------|
| Firm or Individual Name: | Rabindranath Dutta; Registration No. 51,010 | Customer No. 46917 |
| Signature: |  | |
| Date: July 21, 2005 | Telephone: (310) 557-2292 | |